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October 12, 2005

Assistant Commissioner for Patents
BOX RCE
Washington, D.C. 20231

Re: U.S. Patent Application Serial No. 10/084,998
For: APPARATUS AND METHOD OF FABRICATING FIBER REINFORCED
PLASTIC PARTS
Our Reference: 49810-00601

Dear Sir:

Transmitted herewith for filing in the U.S. Patent and Trademark Office are the following documents: (1) Request for Continued Examination (1 sheet); (2) Fee Transmittal (1 sheet) (in duplicate); and (3) Petition for Extension of Time (one month) (1 sheet).

Please charge all fees due for this submission to Collier Shannon Scott, PLLC Deposit Account No. 03-2469.

Please date-stamp the enclosed copy of this letter, thereby acknowledging receipt of the above-identified documents.

Sincerely yours,

JOHN N. COULBY, Reg. No., 43,565
MICHAEL S. KERNS, Reg. No. 51,233

Enclosures

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<div style="text-align: right;">0002/PTO(modified) Rev. 10/2001</div> <div style="text-align: center;">FEE TRANSMITTAL</div> <div style="text-align: center;">U.S. Department of Commerce Patent and Trademark Office</div> <div style="text-align: center;">TOTAL AMOUNT OF PAYMENT</div> <div style="text-align: center;">Subtotal (1) + Subtotal (2) + Subtotal (3) = \$ 455.00</div>		Complete if Known	
		Application Number 10/084,998	
		Filing Date March 3, 2002	
		First Named Inventor Ernest C. Schroeder	
		Group Art Unit 1732	
Examiner Name Eashoo, Mark			
Attorney Docket Number 49810-00601			

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

☒ Charge the indicated fees to the below mentioned deposit account.

☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.†

☒ Applicant claims small entity status
See 37 CFR 1.27

Deposit Account Number: 03-2469
Deposit Account Name: COLLIER SHANNON SCOTT

A Duplicate Copy of this authorization is attached

2. ☐ Payment Enclosed:
☐ Check ☐ Credit Card ☐ Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
105/\$130	205/\$65	Surcharge - late filing fee or oath	
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	
147/\$2,520	147/\$2,520	For filing a request for reexamination	
115/\$120	215/\$60	Extension for response within first month†	60
116/\$450	216/\$225	Extension for response within second month†	
117/\$1020	217/\$510	Extension for response within third month†	
118/\$1,590	218/\$795	Extension for response within fourth month†	
128/\$2,160	228/\$1,080	Extension for response within fifth month†	
119/\$500	219/\$250	Notice of Appeal	
141/\$1,500	241/\$750	Petition to revive unintentionally abandoned application	
142/\$1,400	242/\$700	Utility Issue Fee (Or Reissue)	
143/\$800	243/\$400	Design Issue Fee	
122/\$130	122/\$130	Petitions to the Commissioner	
126/\$180	126/\$180	Submission of Information Disclosure Statement	
179/\$790	279/\$395	Request for Continued Examination (RCE)	395
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	
146/\$790	246/\$395	Filing a submission after final rejection (37 CFR 1.129(a))	
149/\$790	249/\$395	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify):			
Other fee (specify):			
SUBTOTAL (3)			455.00

FEE CALCULATION (fees effective 10/01/2001)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
101/\$790	201/\$395	Utility Filing	
106/\$350	206/\$175	Design Filing	
108/\$790	208/\$395	Reissue	
114/\$200	214/\$100	Provisional Filing	
SUBTOTAL (1)			

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
103/\$50	203/\$25	Claims in excess of 20
102/\$200	202/\$100	Independent claims in excess of 3
104/\$360	204/\$180	Multiple dependent claim
109/\$200	209/\$100	Reissue independent claims over original patent
110/\$50	210/\$25	Reissue claims in excess of 20 and over original patent

(Col. 1)		(Col. 2)		(Col. 3)		Fee	Fee Due
For	No. of Existing Claims	minus*	Highest No. Previously Paid For	=	Extra**		
TOTAL		minus*	20 or	=			
INDEP		minus*	3 or	=			
[] First presentation of multiple dependent claim							

SUBTOTAL (2)

SUBMITTED BY

Typed or Printed Name **MICHAEL S. KERNS**

Signature

Complete (if applicable)

Reg. Number **51,233**

Date **October 12, 2005**

† Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby